Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|---|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exar licer Brin- iden | e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee. | Daniel First name M. Middle name Zwart Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ade your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number | xxx-xx-8090 | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 2 of 54

Case number (if known) Debtor 1 Daniel M. Zwart

| About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|
| ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EINs |
| | If Debtor 2 lives at a different address: |
| 4211 Cummins St. Plano, IL 60545 Number, Street, City, State & ZIP Code Kendall County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | Business name(s) ### Application of the provided HTML Representation of the provided HTML Representat |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 3 of 54

Case number (if known) Debtor 1 Daniel M. Zwart

| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District Debtor District When Relationsh Debtor District When Case num Case num | | | | | | |
|--|---------------------------------------|--|--|--|--|--|
| Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office about how you may pay. Typically, if you are paying the fee yourself, you may pay wit order. If you attorney is submitting your payment on your behalf, your attorney may p a pre-printed address. I need to pay the fee in Installments. If you choose this option, sign and attach the / The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filling fo but is not required to, waive your fee, and may do so only if your income less than 1 required to, waive you ree, and may do so only if your income less than 1 applies to your family size and you are unable to pay the fee in Installments. If you choose this option only if you are filling fo but is not required to, waive your fee, and may do so only if your income lesses than 1 applies to your family size and you are unable to pay the fee in Installments (Official Form 103B) and file No. Have you filed for bankruptcy within the last 8 years? No. District When Case num No. When Case num No When Case num No Pes. Debtor Relationsh District When Case num Poblor Relationsh District When Case num No Case num No District When Case num No Case num | dividuals Filing for Bankruptcy | | | | | |
| Chapter 12 | Chapter 7 | | | | | |
| Chapter 13 | | | | | | |
| I will pay the entire fee when I file my petition. Please check with the clerk's office is about how you may pay. Typically, if you are paying the fee yourself, you may pay with order. If your attorney is submitting your payment on your behalf, your attorney may pay a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the AThe Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments. If you choose this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments. If you choose this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments. If you have the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file No. | | | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay wit order. If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. need to pay the fee in installments. If you choose this option, sign and attach the AThe Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are filing fo but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments.) If you the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file No. | | | | | | |
| I need to pay the fee in installments. If you choose this option, sign and attach the ATHE Filling Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filling for but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments). If you ch the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file No. | cash, cashier's check, or money | | | | | |
| but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments). If you che the Application to Have the Chapter 7 Filling Fee Waived (Official Form 103B) and file No. No. Yes. | pplication for Individuals to Pay | | | | | |
| the Application to Have the Chapter 7 Filling Fee Waived (Official Form 103B) and file 1. Have you filed for bankruptcy within the last 8 years? No. Yes. District When Case nure | 50% of the official poverty line that | | | | | |
| bankruptcy within the last 8 years? District When Case nur District When Case nur No Case nur Relationsh Debtor District When Case nur | | | | | | |
| District When Case nur District When Case nur District When Case nur District When Case nur District When Case nur O. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationsh District When Case num Debtor District When Case num Debtor Case num Debto | | | | | | |
| District When Case nur No | | | | | | |
| District When Case nur No sease pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationsh District When Case num Debtor Relationsh District When Case num No Go to line 12. | | | | | | |
| No cases pending or being filled by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District When Case num Debtor District When Case num Relationsh District When Case num Case num Obeyou rent your residence? | ber | | | | | |
| filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District Debtor District When Relationsh Debtor Relationsh District When Case num Relationsh District When Case num Relationsh Case num | | | | | | |
| District When Case num Debtor Relationsh District When Case num No. Go to line 12. | | | | | | |
| Debtor Relationsh District When Case num 1. Do you rent your residence? | p to you | | | | | |
| District When Case num 1. Do you rent your residence? | per, if known | | | | | |
| 1. Do you rent your residence? Go to line 12. | · · · | | | | | |
| residence? | eer, if known | | | | | |
| | | | | | | |
| | stay in your residence? | | | | | |
| ☐ No. Go to line 12. | | | | | | |
| Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (bankruptcy petition. | Form 101A) and file it with this | | | | | |

| Case number (if known) |
|------------------------|
| JC |

| Part | Report About Any Bu | sinesses ` | You Own | as a Sole Propriet | tor | |
|------|---|------------|---------------------------|---|---|----------------|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | iness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | te & ZIP Code | |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | 9 | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | . If you ir s, cash-fl | dicate that you are a ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure | f |
| | For a definition of small | ■ No. | I am r | ot filing under Chap | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code |) . |
| Pari | Poport if You Own or | Have Any | Hazarda | us Proporty or An | y Property That Needs Immediate Attention | |
| Pari | Do you own or have any | | nazaruc | ous Froperty of All | y Property That Needs Infinediate Attention | _ |
| 14. | property that poses or is | No. | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | |
| | | | | | Number, Street, City, State & Zip Code | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Page 5 of 54 Document

Debtor 1

Daniel M. Zwart

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

Case number (if known)

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 6 of 54

Case number (if known)

Daniel M. Zwart **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Daniel M. Zwart Signature of Debtor 2 Daniel M. Zwart Signature of Debtor 1 Executed on February 15, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 7 of 54

Debtor 1 Daniel M. Zwart Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph R. Ramos | Date | February 15, 2017 |
|--|---------------|----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Joseph R. Ramos | | |
| Law Office Of Joseph R. Ramos Firm name | | |
| 340 N. Lake Street | | |
| Aurora, IL 60506 Number, Street, City, State & ZIP Code | | |
| Contact phone (630) 896-7261 | Email address | joseph@jramoslaw.com |
| 6208195 - Illinois | | |
| Bar number & State | | |

| | | | 711 FAUE 0 01 34 | |
|--------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Daniel M. Zwart | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your as Value of | ssets f what you own |
|--|---|---|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,302.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 4,302.00 |
| t 2: Summarize Your Liabilities | | |
| | | abilities I you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 10,452.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 17,206.00 |
| Your total liabilities | \$ | 27,658.00 |
| t 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,831.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,305.00 |
| t 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| ■ Yes What kind of debt do you have? | | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B 1b. Copy line 62, Total personal property, from Schedule A/B 1c. Copy line 63, Total of all property on Schedule A/B 1c. Copy line 63, Total of all property on Schedule A/B Summarize Your Liabilities Summarize Your Liabilities Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F Your total liabilities 13: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 02/15/17 08:45:18 Case 17-04281 Doc 1 Filed 02/15/17 Desc Main Document

Page 9 of 54 Case number (if known) Debtor 1 Daniel M. Zwart

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | | 0.005.00 |
|----|--|----|----------|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ | 3,085.00 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 10,452.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 10,452.00 |

| | | | | Document | Page 10 of 54 | | |
|----------------|--|--|-------------------------------------|--|--------------------------------|--|---|
| Fill in | this info | ormation to identify you | r case and thi | s filing: | | | |
| Debto | or 1 | Daniel M. Zwart | | | | | |
| | | First Name | Middle N | Name | Last Name | | |
| Debto | | | | | | | |
| (Spous | e, if filing) | First Name | Middle N | Name | Last Name | | |
| Unite | d States | Bankruptcy Court for the: | NORTHERN | I DISTRICT OF ILLI | NOIS | | |
| | | | | | | | _ |
| Case | number | | | | _ | | ☐ Check if this is an amended filing |
| | | | | | | | amenaea ming |
| | | | | | | | |
| Offi | cial F | orm 106A/B | | | | | |
| Scl | hedi | ıle A/B: Proj | nerty | | | | 12/15 |
| | | , separately list and descri | | If | an accat fite in mare than | | |
| think it | fits best. | Be as complete and accurate space is needed, attac | rate as possible | . If two married people | le are filing together, both a | are equally responsible for | supplying correct |
| Part 1 | Descri | be Each Residence, Buildir | ng, Land, or Oth | er Real Estate You O | wn or Have an Interest In | | |
| 4 - | | u have and basel and a first | ala interest | | land avaluation | . | |
| 1. DO | you own c | or have any legal or equitab | ole interest in an | y residence, building | j, iand, or similar property? | • | |
| | No. Go to F | Part 2. | | | | | |
| | es. Wher | re is the property? | | | | | |
| | _ | | | | | | |
| Part 2 | Descri | be Your Vehicles | | | | | |
| 3. Ca i | No | trucks, tractors, sport u | utility vehicles | , motorcycles | · | | |
| 0.4 | | Toyota | 140 | | | Do not deduct secured | I claims or exemptions. Put |
| 3.1 | Make: | | | | ne property? Check one | the amount of any sec | ured claims on Schedule D: |
| | Model: | Camry | | Debtor 1 only | | Creditors who have C | Claims Secured by Property. |
| | Year: | 1994 nate mileage: 18 | | Debtor 2 only Debtor 1 and Debtor 2 | | Current value of the entire property? | Current value of the portion you own? |
| | | formation: | | At least one of the deb | - , | entire property: | portion you own: |
| | | ondition | | At least one of the deb | tors and another | | |
| | | | | Check if this is comm | nunity property | \$1,000.00 | \$1,000.00 |
| | | | | (see instructions) | | | |
| Exa | mples: B No Yes Id the do ges you : Descri | aircraft, motor homes, a coats, trailers, motors, persollar value of the portion have attached for Part 2 be Your Personal and Hour have any legal or equi | n you own for a 2. Write that no | it, fishing vessels, so all of your entries f umber here | nowmobiles, motorcycle a | accessories ny entries for | \$1,000.00 Current value of the portion you own? |
| 0 !! | ak -! ! | goods and furnishings | | | | | Do not deduct secured claims or exemptions. |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

■ No

Official Form 106A/B Schedule A/B: Property

| | | Case 17-04281 | Doc 1 | Filed 02/15/17 | Entered 02/15/17 08:45 | 5:18 Desc Main |
|------------|--|--|---|---|--|---|
| De | ebtor 1 | Daniel M. Zwart | | Document | Page 11 of 54 Case number (i | f known) |
| | ☐ Yes. | Describe | | | | |
| 7. | ■ No | | | | oment; computers, printers, scanners; | music collections; electronic devices |
| | | | | | | |
| 8. | Exampl | bles of value les: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; star | np, coin, or baseball card collections; |
| | ■ No □ Yes. | Describe | | | | |
| 9. | Example No | nent for sports and hobbie les: Sports, photographic, e. musical instruments | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; | canoes and kayaks; carpentry tools; |
| 10. | ■ No | ms ples: Pistols, rifles, shotguns Describe | s, ammunition | n, and related equipmen | | |
| 11. | □ No | es ples: Everyday clothes, furs Describe | , leather coats | s, designer wear, shoes | accessories | |
| | | Misc. w | earing app | arel | | \$300.00 |
| _ | | | | | | |
| | ■ No □ Yes. Non-fa Examp ■ No | | | engagement rings, wed | ding rings, heirloom jewelry, watches, | gems, gold, silver |
| 13. | Examp No Yes. Non-fa Examp No Yes. Any ot No | ples: Everyday jewelry, cost Describe arm animals ples: Dogs, cats, birds, hors Describe | es old items you | | ding rings, heirloom jewelry, watches, | |
| 13. | Examp No Yes. Non-fa Examp No Yes. Any ot No Yes. | ples: Everyday jewelry, cost Describe nrm animals ples: Dogs, cats, birds, hors Describe ther personal and household Give specific information | es old items you our entries fr | u did not already list, i om Part 3, including a | ncluding any health aids you did no | ot list |
| 13. | Examp No Yes. Non-fa Examp No Yes. Any ot No Yes. And to for Po | ples: Everyday jewelry, cost Describe arm animals ples: Dogs, cats, birds, hors Describe ther personal and househouse five specific information the dollar value of all of your art 3. Write that number here. | es old items you our entries fr | u did not already list, i om Part 3, including a | ncluding any health aids you did no | ot list |
| 13. 14. | Examp No Yes. Non-fa Examp No Yes. Any ot No Yes. And t for Pa | ples: Everyday jewelry, cost Describe nrm animals ples: Dogs, cats, birds, hors Describe ther personal and household Give specific information the dollar value of all of you | es old items you our entries fr | u did not already list, i om Part 3, including a | ncluding any health aids you did no ny entries for pages you have attac | ot list |

Official Form 106A/B Schedule A/B: Property page 2

☐ Yes.....

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Daniel M. Zwart Page 12 of 54 Case number (if known)

| 17. | Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No | | | | | | | | |
|-----|--|---------------------|--|-----------------------|---|----------------------|--|--|--|
| | ■ Yes | | | | Institution name: | | | | |
| | | 17.1. | Checking acc | ount | TCF Bank | \$2.00 | | | |
| 18. | Bonds, mutual funds, or Examples: Bond funds, ir ■ No | | | | ge firms, money market accounts | | | | |
| | ☐ Yes | | Institution or issu | er name | e: | | | | |
| 19. | joint venture | ck and | interests in inco | rporate | d and unincorporated businesses, including an interest in an LL | .C, partnership, and | | | |
| | ■ No □ Yes. Give specific infor | | about them me of entity: | | % of ownership: | | | | |
| 20. | Negotiable instruments ir | nclude nts are | personal checks, on those you cannot | cashiers | e and non-negotiable instruments c' checks, promissory notes, and money orders. c to someone by signing or delivering them. | | | | |
| 21. | □ No | A, ERI | SA, Keogh, 401(k) |), 403(b) |), thrift savings accounts, or other pension or profit-sharing plans | | | | |
| | Yes. List each account | | tely. of account: | | Institution name: | | | | |
| | | Pens | sion | | Roofers and Water Proofers Union | Unknown | | | |
| 22. | Examples: Agreements v No | deposi | ts you have made | | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies, or oth Institution name or individual: | ners | | | |
| 23 | Annuities (A contract for | a nerio | dic payment of mo | nev to | you, either for life or for a number of years) | | | | |
| 20. | ■ No | | ne and description | | you, clarer for me of for a flumber of years) | | | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 52 | | | qualifi | ed ABLE program, or under a qualified state tuition program. | | | | |
| | ■ No □ YesInst | itution | name and descript | tion. Se _l | parately file the records of any interests.11 U.S.C. § 521(c): | | | | |
| 25. | Trusts, equitable or futu ■ No □ Yes. Give specific infor | | | (other | than anything listed in line 1), and rights or powers exercisable | for your benefit | | | |
| 26. | Patents, copyrights, trac | demarl | s, trade secrets, | | her intellectual property om royalties and licensing agreements | | | | |
| | ■ No □ Yes. Give specific infor | | | .5545 IIC | and notions agreement | | | | |
| 27. | Licenses, franchises, ar | nd othe its, exc | er general intangi clusive licenses, co | | ve association holdings, liquor licenses, professional licenses | | | | |

Debtor 1

| | | Case 17-0428 | 31 Doc 1 | Filed 02/15/17 | | Desc Main |
|----------------|------------------------|---|--|---|---|--|
| Debto | or 1 | Daniel M. Zwart | | Document | Page 13 of 54 Case number (if known |) |
| | | | | | | |
| Mone | ey or | property owed to you | 1? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. T a | ax ref | unds owed to you | | | | |
| | No | | | | | |
| | Yes. | Give specific information | on about them, in | cluding whether you alre | ady filed the returns and the tax years | |
| | | | | | | |
| | | | Δnti | cipated 2016 income | a tay refund | \$3,000.00 |
| | | | Allu | cipated 2010 income | e tax retuitu | Ψ3,000.00 |
| E | Examp No | support oles: Past due or lump : Give specific information | 7, 1 | usal support, child supp | ort, maintenance, divorce settlement, proper | ty settlement |
| ■ | Examp No | amounts someone ow oles: Unpaid wages, dis benefits; unpaid lo Give specific informati | sability insurance pans you made to | | efits, sick pay, vacation pay, workers' comp | ensation, Social Security |
| | | ts in insurance polici | | | | |
| | | | | nealth savings account (| HSA); credit, homeowner's, or renter's insur | ance |
| _ | No | Name that income and | | alian and list its males | | |
| Ц | Yes. | Name the insurance of | ompany of each p Company name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| If s ■ | f you a someo No | | living trust, exped | a someone who has die ct proceeds from a life in | ed surance policy, or are currently entitled to re | ceive property because |
| E | Examp No | | ment disputes, in | you have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| | No | | | every nature, includin | g counterclaims of the debtor and rights | to set off claims |
| | Yes. | Describe each claim | | | | |
| | No | ancial assets you did | • | | | |
| | | | | om Part 4, including a | ny entries for pages you have attached | \$3,002.00 |
| Part 5 | De: | scribe Any Business-Re | lated Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| 37. Do | you c | own or have any legal or | equitable interest | in any business-related p | roperty? | |
| _ | - | to Part 6. | | , | - F - 9 - | |
| | Yes. G | So to line 38. | | | | |

Official Form 106A/B Schedule A/B: Property page 4

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 14 of 54 Case number (if known) Debtor 1 Daniel M. Zwart Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$1,000.00 57. Part 3: Total personal and household items, line 15 \$300.00 Part 4: Total financial assets, line 36 \$3,002.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$4,302.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,302.00

\$4,302.00

| | | | Document | E | Page 15 of 54 | _ | |
|----------------------------|---|--|--|--|---|---|--|
| Fill | in this inform | nation to identify your | case: | | | | |
| Deb | otor 1 | Daniel M. Zwart | | | | | |
| Deb | otor 2 | First Name | Middle Name | Li | ast Name | | |
| | use if, filing) | First Name | Middle Name | L | ast Name | | |
| Uni | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLING | OIS | | |
| | se number _ | | | | | | |
| (if kn | iown) | | | | | | Check if this is an amended filing |
| ∩f [.] | ficial Fo | rm 106C | | | | - | |
| | | | pperty You Cla | im | as Exempt | | 4/16 |
| the p | property you lis | sted on <i>Schedule A/B: P</i> d attach to this page as r | roperty (Official Form 106A/B) | as yo | her, both are equally responsible four source, list the property that you ge as necessary. On the top of any | claim as ex | empt. If more space is |
| spec any und exer | cific dollar an applicable st Is—may be u nption to a pa | nount as exempt. Alter atutory limit. Some exe nlimited in dollar amou | natively, you may claim the f emptions—such as those for int. However, if you claim an | ull fai healt exen | ount of the exemption you claim. r market value of the property be th aids, rights to receive certain be aption of 100% of fair market value termined to exceed that amoun | ing exempt enefits, an ie under a l | ted up to the amount of d tax-exempt retirement aw that limits the |
| Par | t 1: Identif | y the Property You Cla | im as Exempt | | | | |
| 1. | Which set of | exemptions are you cl | aiming? Check one only, ever | n if yo | ur spouse is filing with you. | | |
| | You are cla | eiming state and federal | nonbankruptcy exemptions. 1 | 11 U.S | S.C. § 522(b)(3) | | |
| | _ | · · | ns. 11 U.S.C. § 522(b)(2) | | - 0 - (-/(-/ | | |
| | | | ule A/B that you claim as exe | mnt. | fill in the information below. | | |
| | Brief description | on of the property and line | • | • | ount of the exemption you claim | Specific la | ws that allow exemption |
| | Scriedule A/B | mat note tine property | Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | 1994 Toyota Poor condi | a Camry 180000 mile | \$1,000.00 | | \$1,000.00 | 735 ILC | S 5/12-1001(c) |
| | | pedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Misc. weari | ng apparel nedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILC | S 5/12-1001(a) |
| | Line from Ger | icalic A/B. | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Pension: Ro | oofers and Water Pr | oofers Unknown | | \$0.00 | 735 ILC | S 5/12-1006 |
| | | nedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | 2016 income tax ref | fund \$3,000.00 | | \$3,000.00 | 735 ILC: | S 5/12-1001(b) |
| | EIRO HOITI GORIGUALE AV.D. 20.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Line from Sch | nedule A/B: 28.1 ning a homestead exer | #3,000.00 mption of more than \$160,37 | 5? | 100% of fair market value, up to | | |

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

□ No

Official Form 106C

☐ Yes

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 16 of 54

Debtor 1 Daniel M. Zwart Case number (if known)

| Fill in this infor | | | | |
|---|-----------------|-------------------|-------------|--------------------------------|
| Debtor 1 | Daniel M. Zwart | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Page 18 of 54 Document Fill in this information to identify your case: Debtor 1 Daniel M. Zwart Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount 2.1 State of Illinois Last 4 digits of account number 0686 \$10,452.00 \$10,452.00 \$0.00 Priority Creditor's Name Deparetment of Employment When was the debt incurred? 2016 Security P.O. Box 4385 Chicago, IL 60680-4385 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No □ Other. Specify ☐ Yes Overpayment of unemployment benefits Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

Total claim

Part 2.

List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 19 of 54

Debtor 1 Daniel M. Zwart Case number (if know) \$900.00 4.1 Capital Management Services, LP Last 4 digits of account number 4079 Nonpriority Creditor's Name 698 1/2 South Ogden St. When was the debt incurred? 2015 Buffalo, NY 14206 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection: HSBC Bank/ Carson's ☐ Yes 4.2 Capital One Bank Last 4 digits of account number 0255 \$3,357.00 Nonpriority Creditor's Name c/o Blitt & Gaines PC When was the debt incurred? 2015 661 Glenn Ave. Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection 4.3 Capital One Bank USA \$1,862.00 Last 4 digits of account number 8170 Nonpriority Creditor's Name 15000 Capital One Drive When was the debt incurred? 2011 Richmond, VA 23238 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Judgment on collection ☐ Yes

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 20 of 54

Debtor 1 Daniel M. Zwart Case number (if know) 4.4 **Carmax Auto Finance** Last 4 digits of account number 4486 \$0.00 Nonpriority Creditor's Name Opened 11/04 Last Active 12800 Tuckahoe Creek Pkw When was the debt incurred? 4/10/09 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Automobile 4.5 **Cavalry Portfolio Services** Last 4 digits of account number 0774 \$3,286.00 Nonpriority Creditor's Name P.O. Box 27288 When was the debt incurred? 2015 Tempe, AZ 85285-7288 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection: Chase Bank NA 4.6 Certified Services Inc. Last 4 digits of account number 9733 \$702.00 Nonpriority Creditor's Name P.O. Box 177 When was the debt incurred? 2014 Waukegan, IL 60079-0177 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection: Michele Bruno DDS ☐ Yes

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 21 of 54

Debtor 1 Daniel M. Zwart Case number (if know) 4.7 City of Aurora Last 4 digits of account number 6811 \$100.00 Nonpriority Creditor's Name 44 E. Downer Pl When was the debt incurred? 2016 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Fine 4.8 Contract Callers, Inc. Last 4 digits of account number 0071 \$1,040.00 Nonpriority Creditor's Name P.O. Box 212489 When was the debt incurred? 2012 Augusta, GA 30917-2489 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection; ComEd Other. Specify 4.9 **Convergent Outsourcing** Last 4 digits of account number 4959 \$606.00 Nonpriority Creditor's Name 800 Sw 39th St When was the debt incurred? **Opened 12/13** Renton, WA 98057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Comcast ☐ Yes

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 22 of 54

| Daniei M. Zwart | | Case number (if know) | |
|---|--|--|-------|
| Credit Collection Services | Last 4 digits of account number | 9883 | \$420 |
| Nonpriority Creditor's Name Two Wells Ave | When was the debt incurred? | 2012 | |
| Newton Center, MA 02459 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | I alata | |
| At least one of the debtors and another | ☐ Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | a plane, and other similar debts | |
| ■ No | Other. Specify Collection: | • • | |
| Creditors Collection Bureau | | 0507 | ¢2 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | \$38 |
| P.O. Box 1022 Wixom, MI 48393-1022 | When was the debt incurred? | 2010 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Collection: | Associate Pathologists of Joliet | |
| Empact Emergency Physicians LLC | Last 4 digits of account number | 0952 | \$15 |
| Nonpriority Creditor's Name P.O. Box 366 Hinsdale, IL 60522 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Medical Se | rvices | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 23 of 54

| Case number (if know) | |
|--|--|
| Last 4 digits of account number 4180 | \$205.00 |
| When was the debt incurred? 2015 | |
| As of the date you file, the claim is: Check all that apply | |
| | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ☐ Disputed | |
| <u></u> | |
| <u>_</u> | |
| ☐ Obligations arising out of a separation agreement or divorce the report as priority claims | nat you did not |
| lacksquare Debts to pension or profit-sharing plans, and other similar deb | ts |
| Other. Specify Medical Services | |
| Last 4 digits of account number 3913 | \$330.00 |
| When was the debt incurred? 2014 | <u></u> |
| As of the date you file, the claim is: Check all that apply | |
| | |
| ☐ Contingent | |
| | |
| ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| Obligations arising out of a separation agreement or divorce the report as priority claims | nat you did not |
| lacksquare Debts to pension or profit-sharing plans, and other similar deb | ts |
| Other. Specify Collection; Dreyer Medical Clinic | <u> </u> |
| Last 4 digits of account number 3974 | \$1,785.00 |
| | |
| When was the debt incurred? 2015 | |
| As of the date you file the claim is: Check all that apply | |
| As of the date you file, the claim is. Oneck all that apply | |
| Contingent | |
| | |
| | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| | nat you did not |
| | |
| Debts to pension or profit-sharing plans, and other similar deb | ts |
| | Last 4 digits of account number 2015 |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 24 of 54

| Last 4 digits of account number 1626 | \$1,310. |
|---|---|
| | Ψ.,υ.υ. |
| When was the debt incurred? 2014 | |
| As of the date you file, the claim is: Check all that apply | |
| | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| \square Debts to pension or profit-sharing plans, and other similar debts | |
| ■ Other. Specify Collection: Jefferson Capital Systems, LLC | |
| Last 4 digits of account number 1929 | \$30 |
| | |
| When was the debt incurred? 2016 | |
| | |
| As of the date you file, the claim is: Check all that apply | |
| | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ☐ Disputed | |
| <u></u> | |
| | |
| | |
| • • • | |
| Other. Specify Medical Services | |
| Last 4 digits of account number Y290 | \$155 |
| When was the debt incurred? 2013 | |
| | |
| As of the date you file, the claim is: Check all that apply | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ Other. Specify Collection: Bank of America | |
| | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Collection: Jefferson Capital Systems, LLC Last 4 digits of account number Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Medical Services Last 4 digits of account number When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Cother. Specify Medical Services |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 25 of 54

Case number (if know)

| | - Danioi IIII Zirait | | | |
|----------------------|---|--|--|-------------------------|
| 4.1 9 | Ronald C. Putzler DDS | Last 4 digits of account number | 3121 | \$375.00 |
| - | Nonpriority Creditor's Name 1940 W. Galena Blvd Ste 5 | When was the debt incurred? | 2016 | |
| | Aurora, IL 60506 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-shar | ing plans, and other similar debts | |
| | Yes | Other. Specify Medical so | ervices | |
| 4.2 0 | Rush Copley Medical Center Nonpriority Creditor's Name | Last 4 digits of account number | 3465 | \$550.00 |
| | Patient Financial Services 2000 Ogden Ave. | When was the debt incurred? | 2016 | |
| | Aurora, IL 60507 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecur | ad claim: | |
| | At least one of the debtors and another | Student loans | eu ciann. | |
| | ☐ Check if this claim is for a community debt | _ | paration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second s | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | |
| | Yes | Other. Specify Medical so | ervices | |
| Part | 3: List Others to Be Notified About a D | ebt That You Already Listed | | |
| . Use is t hav | e this page only if you have others to be notified rying to collect from you for a debt you owe to we more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out | I about your bankruptcy, for a debt that someone else, list the original creditor nat you listed in Parts 1 or 2, list the add | in Parts 1 or 2, then list the collection agency | here. Similarly, if you |
| | e and Address ociate Pathologists of Joliet | On which entry in Part 1 or Part 2 did you Line 4.11 of (Check one): | u list the original creditor? Part 1: Creditors with Priority Unsecured Clair | - |
| | N. Madison St Ste 200 | | Part 2: Creditors with Nonpriority Unsecured 0 | |
| Joli | et, IL 60435 | Last 4 digits of account number | — Fait 2. Greditors with Nonpholity Onsecured C | Jamis |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| | G Credit, LLC | Line 4.12 of (Check one): | \square Part 1: Creditors with Priority Unsecured Clair | ns |
| | . Box 14895 cago, IL 60614 | I | Part 2: Creditors with Nonpriority Unsecured 0 | Claims |
| CIII | Lago, IL 00014 | Last 4 digits of account number | 0952 | |
| | e and Address | On which entry in Part 1 or Part 2 did yo | | |
| | t & Gaines, P.C. Glenn Ave. | | Part 1: Creditors with Priority Unsecured Clair | |
| | eeling, IL 60090 | | Part 2: Creditors with Nonpriority Unsecured 0 | Claims |
| | . | Last 4 digits of account number | 3394 | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| Cha | se Bank USA | | \square Part 1: Creditors with Priority Unsecured Clair | ms |
| P.O | . Box 15298 | J | Part 2: Creditors with Nonpriority Unsecured 0 | Claims |

| Debtor 1 Daniel M. Zwart | Document Pag | e 26 of 54 Case number (if know) | |
|---|--|---|--|
| Wilmington, DE 19850 | Last 4 digits of account number | 9777 | |
| Name and Address Convergent Outsourcing, Inc. P.O. Box 9004 | On which entry in Part 1 or Part 2 di Line <u>4.8</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Renton, WA 98057-9000 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims 6083 | |
| Name and Address Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057-9000 | On which entry in Part 1 or Part 2 di Line 4.18 of (<i>Check one</i>): | | |
| Remon, WA 90037-9000 | Last 4 digits of account number | 8455 | |
| Name and Address Freedman Anselmo Lindgerg LLC 1807 W. Diehl Rd Ste 333 Naperville, IL 60566-7228 | On which entry in Part 1 or Part 2 di Line 4.2 of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number | 0255 | |
| Name and Address HSBC Carson P.O. Box 15524 Wilmington, DE 19850-5524 | On which entry in Part 1 or Part 2 di Line 4.1 of (<i>Check one</i>): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 5481 | |
| Name and Address Jefferson Capital Systems 16 McIeland Rd. Saint Cloud, MN 56303 | On which entry in Part 1 or Part 2 di Line 4.16 of (Check one): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 3836 | |
| Name and Address Kane County Circuit Clerk P.O. Box 112 Geneva, IL 60134-0112 | On which entry in Part 1 or Part 2 di Line 4.3 of (Check one): Last 4 digits of account number | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims C110 | |
| Name and Address One Advantage LLC 7650 Magna Drive | On which entry in Part 1 or Part 2 di Line <u>4.20</u> of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

8088

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 10,452.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 10,452.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ 17,206.00 |

Last 4 digits of account number

Belleville, IL 62223

Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Case 17-04281 Document

Page 27 of 54 Case number (if know) Debtor 1 Daniel M. Zwart

here.

Total Nonpriority. Add lines 6f through 6i.

17,206.00

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--|
| Debtor 1 | Daniel M. Zwart | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | · | | | · · · · · · · · · · · · · · · · · · · |

| | | Docume | ent Page 29 o | <u>f 54</u> |
|-------------------------------|--|--------------------------|----------------------------|--|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Daniel M. Zwart | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filin | g) First Name | Middle Name | Last Name | |
| I Inited Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | | |
| Officed Stat | les bankruptey court for the. | NORTHER BIOTRIO | TOT ILLINOID | |
| Case numb (if known) | per | | | ☐ Check if this is an amended filing |
| | Form 106H ule H: Your Cod | ebtors | | 12/15 |
| ■ No □ Yes | | ı lived in a community p | roperty state or territory | y? (Community property states and territories include |
| ☐ Yes | | ors. Do not include you | r spouse as a codebtor | if your spouse is filing with you. List the person shown |
| Form 1 | | | | sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Number, Street, City, State and Z | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| 1 | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | _ |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 30 of 54

| Fill | in this information to identify your c | ase. | | | | | | | |
|--------------------|--|-------------------------------|---|------------------------|------------|---------------------------------|--|----------------------|--|
| | otor 1 Daniel M. Zv | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | |
| | se number lown) | | | | | | | | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | 12/15 | |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your ith you, do not inclu | spouse i ide inforr | s living v | with you, incl bout your spo | ude information about ouse. If more space i | ut your s needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, | Employment status | ■ Employed | ■ Employed | | | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ☐ Not employed | | | |
| | employers. | Occupation | Roofer | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Anhony Roofin Amneria, LLC | g Tecta | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 2555 White Oak Cir. Aurora, IL 60502 | | | | | | |
| | | How long employed the | here? 4 yrs | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to r | eport for | any line, | write \$0 in the | space. Include your n | on-filing | |
| | u or your non-filing spouse have mo | | ombine the information | on for all e | employers | s for that perso | on on the lines below. | If you need | |
| | | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 4,005.00 | \$ N /A | <u> </u> | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ N/ | <u> </u> | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 4,005.00 | \$N/A | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 31 of 54

| Deb | tor 1 | Daniel M. Zwart | - | (| Case | number (if known |) . | | | | |
|-----|-----------------------------|---|----------|------------|-----------|------------------|--|------------|-------------------|----------------|--|
| | | | | | | Debtor 1 | | | ebtor filing s | 2 or pouse | |
| | Cop | by line 4 here | 4. | | \$_ | 4,005.00 |) | \$ | | N/A | <u>. </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ā. | \$ | 1,061.00 |) | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 |) . | \$ | 0.00 |) | \$ | | N/A | <u> </u> |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | \$_ | 0.00 | _ | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$_ | 0.00 | | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g 5h |). 1.+ | \$_ \$ | 113.00 0.00 | _ | \$ + \$ | | N/A N/A | _ |
| • | | · · · · · · · · · · · · · · · · · · · | _ | | · — | | _ | · : — | | | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,174.00 | | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,831.00 | <u>) </u> | \$ | | N/A | <u>. </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | a. | \$ | 0.00 | 1 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | <u> </u> | 0.00 | _ | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 |) . | \$ | 0.00 | _ | \$ | | N/A | |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0.00 |) | \$ | | N/A | |
| | 8e. | Social Security | 86 | €. | \$ | 0.00 |) | \$ | | N/A | <u> </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$ | 0.00 | _ | \$ | | N/A | |
| | 8g. | Pension or retirement income | 86 | | \$_ | 0.00 | | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8r | ነ.+ | \$ | 0.00 | <u>)</u> | ` | | N/A | <u></u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | _ | 0.00 |) | \$ | | N/ | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,831.00 + | \$ | | N/A | = \$ | 2,831.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ť – | | 2,001.00 | _ | | 11// | - | 2,001.00 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | | chedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | 12. | \$ | 2,831.00 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | • | Combi month | ned ly income |
| | | No. | | | | | | | | | |
| | | Voc Evoloin: | | | | | | | | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 32 of 54

| Fill in this inforn | nation to identify yo | ur case: | | | | | |
|--|---|--|--|--|----------------------------|---|---|
| Debtor 1 | Daniel M. Zw | art | | | | k if this is: An amended filing | |
| Debtor 2 (Spouse, if filing) | | | | | | | ving postpetition chapter the following date: |
| United States Bar | nkruptcy Court for the: | NORTH | ERN DISTRICT OF ILLIN | OIS | _ | MM / DD / YYYY | |
| Case number _ (If known) | | | | | | | |
| | orm 106J | _ | | | | | |
| Be as complet information. If number (if kno | more space is ne wn). Answer ever | possible. eded, attac y question | If two married people ar | | | | |
| Part 1: Des 1. Is this a jo | cribe Your House pint case? | hold | | | | | |
| ■ No. Go | to line 2. ces Debtor 2 live i No | · | te household? al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Debt | or 2. | |
| 2. Do you ha | ave dependents? | □ No | | | | | |
| Do not list Debtor 2. | Debtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| Do not sta dependent | | | | Son | | 6 | ■ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes |
| expenses | xpenses include of people other th and your depende | | No Yes | | | | ☐ Yes |
| Estimate your | f a date after the b | our bankru | r Expenses ptcy filing date unless y r is filed. If this is a supp | ou are using this followed the second | orm as a su J, check th | pplement in a Cha e box at the top o | apter 13 case to report f the form and fill in the |
| Include expensions the value of su (Official Form | ich assistance and | non-cash g d have incl | overnment assistance in uded it on <i>Schedule I:</i> Y | f you know our Income | | Your exp | enses |
| | or home owners and any rent for the | | ses for your residence. In lot. | nclude first mortgag | e 4. \$ | | 700.00 |
| If not incl | uded in line 4: | | | | | | |
| 4a. Rea | l estate taxes | | | | 4a. \$ | | 0.00 |
| | perty, homeowner's | , or renter's | s insurance | | 4b. \$ | | 0.00 |
| | ne maintenance, re | | | | 4c. \$ | | 0.00 |
| | neowner's associat | | | | 4d. \$ | | 0.00 |
| | | | ur residence, such as ho | me equity loans | 4u. ֆ 5. \$ | | 0.00 |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 33 of 54

| ebtor 1 | Daniel M. Zwart | Case num | ber (if known) | |
|---------------|--|-------------------|----------------|-----------------------------|
| Utili | ijes: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 225.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · · | 210.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 280.00 |
| 6d. | Other. Specify: | 6d. | | 0.00 |
| | d and housekeeping supplies | | \$ | 400.00 |
| | dcare and children's education costs | 8. | | |
| | | | · | 60.00 |
| | hing, laundry, and dry cleaning | 9. | | 200.00 |
| | onal care products and services | 10. | | 75.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 300.00 |
| | ot include car payments. | | · | |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 75.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| . Insu | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | 45- | c | |
| | Life insurance | 15a. | | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | · | 60.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20 | | | |
| Spec | · | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| . You | payments of alimony, maintenance, and support that you did not rep | ort as | | |
| ded | acted from your pay on line 5, Schedule I, Your Income (Official Form | 106I). 18. | \$ | 0.00 |
| Othe | er payments you make to support others who do not live with you. | | \$ | 300.00 |
| Spec | cify: Child support | 19. | | |
| . Othe | er real property expenses not included in lines 4 or 5 of this form or o | n Schedule I: Yo | our Income. | |
| 20a. | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| | | | +\$ | |
| | | | | 350.00 |
| Add | itional Union Dues (not on paychecks) | | +\$ | 70.00 |
| . Calc | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 3,305.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10 | 06J-2 | \$ | |
| | | - - | \$ | 2 205 02 |
| ZZ C. | Add line 22a and 22b. The result is your monthly expenses. | | Φ | 3,305.00 |
| Calc | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,831.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | · | 3,305.00 |
| _55. | | _30. | | 0,000.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| _00. | The result is your <i>monthly net income</i> . | 23c. | \$ | -474.00 |
| For e modi | rou expect an increase or decrease in your expenses within the year a xample, do you expect to finish paying for your car loan within the year or do you expication to the terms of your mortgage? | | | rease or decrease because (|
| ■ N | | | | |
| \square Y | es. Explain here: | | | |
| | | | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 34 of 54

| Fill in this infor | mation to identify your | case: | | | |
|--------------------|--|--------------------------|---------------------------|-------------------------------|---|
| Debtor 1 | Daniel M. Zwart | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Inited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| f known) | | | | | Check if this is an amended filing |
| | | | | | |
| | <u>m 106Dec</u> | امريان المرادما | Dobtorio C | ah adulaa | |
| <i>j</i> eciara | tion About a | <u>ın Individual</u> | Deptor S 3 | cneaules | 12/1 |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | Petition Preparer's Notice, gnature (Official Form 119 |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules fil | led with this declaration and | |
| X /s/ Dai | niel M. Zwart | | X | | |
| Danie | I M. Zwart ure of Debtor 1 | | Signature o | of Debtor 2 | |
| Date | February 15, 2017 | | Date | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 35 of 54

| Fill | in this inform | ation to identify you | r case: | | | | | | | |
|--------------|---------------------------|---|--|---|--|---|--|--|--|--|
| | otor 1 | Daniel M. Zwart | | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Unit | ted States Ban | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | |
| 0 | iod Oldioo Bail | mapley Court for the | | | | | | | | |
| | se number | | | | _ | Check if this is an mended filing | | | | |
| ∩f | ficial For | m 107 | | | | | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/16 | | | | |
| infoi num | rmation. If mo | ore space is needed,). Answer every que | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write you | | | | | |
| 1. | | current marital statu | | a Elved Belole | | | | | | |
| | ☐ Married ☐ Not marr | ied | | | | | | | | |
| 2. | | | lived anywhere other than | where you live now? | | | | | | |
| | _ | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | ■ No □ Yes. List | all of the places you I | ived in the last 3 years. Do n | ot include where you live now | <i>'</i> . | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| | | | | | ity property state or territory co, Texas, Washington and V | | | | | |
| | ■ No □ Yes. Mal | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Par | t 2 Explain | the Sources of You | r Income | , | | | | | | |
| 4. | Fill in the total | amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$2,688.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

| Debtor | 1 <u>D</u> a | niel M. Zwart | Documer | | e number (if known) | | | | |
|---------|---|--|--|---|--|---|--|--|--|
| | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | | dar year: December 31, 2016) | ■ Wages, commissions, bonuses, tips | 3 , , | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| | | dar year before that: December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$39,487.00 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| Lis | No | Fill in the details. | ome from each source separate Debtor 1 | , | Debtor 2 | | | | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | | | |
| Part 3: | List | : Certain Payments You | ı Made Before You Filed for | Bankruptcy | | | | | |
| ò. Ar. | Are either Debtor 1's or Debtor 2's debts primarily consumer debts? | | | | | | | | |
| • | Yes. | | or both have primarily consu ore you filed for bankruptcy, di | | I of \$600 or more? | | | | |

Creditor's Name and Address

No.

 \square Yes

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe

Was this payment for ...

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main

Document Page 37 of 54 Case number (if known) Debtor 1 Daniel M. Zwart Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes. Fill in the details for each gift.

per person Person to Whom You Gave the Gift and Address:

Gifts with a total value of more than \$600

Describe the gifts

Dates you gave the gifts

Value

Official Form 107

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 38 of 54 Case number (if known) Debtor 1 Daniel M. Zwart 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Attorney Fees - \$940.00 Law Office Of Joseph R. Ramos November 28, \$1,355.00 Filing Fee - \$335.00 340 N. Lake Street 2016 & Aurora, IL 60506 Credit Counseling & Debtor Education -February 13, joseph@jramoslaw.com \$80.00 Reimbursement) 2017 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Page 39 of 54
Case number (if known) Document

Debtor 1 Daniel M. Zwart

| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection) | | y property to a | self-settle | d trust or similar device o | of which you are a | | |
|-----|--|---|---------------------------|-------------|--|---|--|--|
| | ■ No Yes Fill in the details | | | | | | | |
| | ☐ Yes. Fill in the details. Name of trust | Description and va | alue of the pro | perty trans | sferred | Date Transfer was made | | |
| Par | t 8: List of Certain Financial Accounts, Instru | ments, Safe Deposit | Boxes, and St | orage Unit | s | made | | |
| | | • | · | J | | | | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associated. | ther financial accoun | nts; certificates | of deposi | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | ot 4 digits of | Type of sees | unt or | Data account was | Last balance | | |
| | | est 4 digits of ecount number | Type of according trument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | r before you filed for | bankruptcy, a | ny safe dep | posit box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had accommodates (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control for | · | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Inclu | ide any proper | ty you bori | rowed from, are storing f | or, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, St Code) | | Describe | the property | Value | | |
| Par | t 10: Give Details About Environmental Inform | ation | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a | | | | | | | |

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Page 40 of 54 Case number (if known) Document

Debtor 1 Daniel M. Zwart

| 24. | Has any governmental unit notified you that y | ou may be liable or potentially liable | under or in violation of an environme | ntal law? | | | | |
|-----|---|--|--|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | 25. Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admir | nistrative proceeding under any envir | ronmental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | Give Details About Your Business or Co | onnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have any | y of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting of | or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Par | rt 12. | | | | | | |
| | ☐ Yes. Check all that apply above and fill in | the details below for each business | | | | | | |
| | Business Name DAddress | Describe the nature of the business | Employer Identification number Do not include Social Security r | | | | | |
| | | Name of accountant or bookkeeper | Dates business existed | ty number or ITIN. | | | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | r, did you give a financial statement to | o anyone about your business? Inclu | de all financial | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details below. | Data laguad | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 41 of 54 Case number (if known)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Daniel M. Zwart

Daniel M. Zwart

Signature of Debtor 2

Signature of Debtor 1

Date

February 15, 2017

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 42 of 54

| | | | · · | | |
|--|--|--|--|----------------------|---|
| Fill in this infor | mation to identify you | r case: | | | |
| Debtor 1 | Daniel M. Zwart | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | NORTHERN DIST | RICT OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | | on for Indiv | iduals Filing Unde | er Chapter | 7 12/15 |
| creditors have you have least You must file th | ever is earlier, unless | our property, or and the lease has no within 30 days after y | | | |
| • | eople are filing togeth nd date the form. | er in a joint case, bot | th are equally responsible for sup | plying correct info | rmation. Both debtors must |
| write y | our name and case n | umber (if known). | needed, attach a separate sheet | to this form. On the | e top of any additional pages, |
| Part 1: List Y | our Creditors Who Ha | ve Secured Claims | | | |
| 1. For any credit information be | | Part 1 of Schedule D: | Creditors Who Have Claims Sec | ured by Property (C | Official Form 106D), fill in the |
| Identify the cr | reditor and the property | that is collateral | What do you intend to do with t secures a debt? | he property that | Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | | □No |
| name: | | | ☐ Retain the property and redee | | |
| Description of | ŧ | | Retain the property and enter | into a | ☐ Yes |
| property | ı | | Reaffirmation Agreement. Retain the property and [expla | inl: | |
| securing debt | : | | - Netain the property and Jexpia | j. | |

Creditor's ☐ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes \square Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's ☐ No \square Surrender the property.

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 43 of 54

| Debtor 1 | Daniel M. Zwart | Case number (if known) | |
|--|---|---|-----------------------------------|
| name: Descrip | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| propert securin | | ☐ Retain the property and [explain]: | _ |
| For any u | rmation below. Do not list real estate leas | eases I listed in Schedule G: Executory Contracts and Unexpire ses. Unexpired leases are leases that are still in effect; the ease if the trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's r Description Property: | name: on of leased | | □ No |
| r roperty. | | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on or leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have indica hat is subject to an unexpired lease. | ated my intention about any property of my estate that se | cures a debt and any personal |
| X /s/ [| Daniel M. Zwart | x | |
| Dan | iel M. Zwart ature of Debtor 1 | Signature of Debtor 2 | |
| Date | February 15, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 48 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In 1 | e Daniel M. Zwart | | Case No. | | | |
|------|--|---|--|-----------------------------------|--------------|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMP | ENSATION OF ATTOR | NEY FOR DI | EBTOR(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplation | iling of the petition in bankruptcy, o | or agreed to be paid | to me, for services rea | | |
| | For legal services, I have agreed to accept | | \$ | 940.00 | | |
| | Prior to the filing of this statement I have receive | | | 940.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | empensation with any other person u | nless they are mem | bers and associates of | my law firm. | |
| | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the | ensation with a person or persons wh names of the people sharing in the c | no are not members compensation is atta | or associates of my lached. | w firm. A | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and re b. Preparation and filing of any petition, schedules, s c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicates 522(f)(2)(A) for avoidance of liens on | statement of affairs and plan which is ditors and confirmation hearing, and to reduce to market value; exer- ations as needed; preparation a | may be required; I any adjourned hea mption planning: | rings thereof; preparation and fi | iling of | |
| 6. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | fee does not include the following dischargeability actions, judic | service: ial lien avoidanc | es, relief from stay | actions or | |
| | | CERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding. | any agreement or arrangement for p | payment to me for r | epresentation of the de | ebtor(s) in | |
| | February 15, 2017 | /s/ Joseph R. Ram | os | | | |
| _ | Date | Joseph R. Ramos | | 3 | | |
| | | Signature of Attorney Law Office Of Jose | | | | |
| | | 340 N. Lake Street | | | | |
| | | Aurora, IL 60506 (630) 896-7261 Fa | x: (630) 896-726 | 3 | | |
| | | joseph@jramoslav | | | | |
| | | Name of law firm | | | | |

Case 17-04281 Doc 1 Filed 02/15/17 Entered 02/15/17 08:45:18 Desc Main Document Page 49 of 54

ATTORNEY'S FEE CONTRACT Chapter 7 Bankruptcy

| THIS AGREE | MENT is made | this <u>2874</u> | day of <u>WO</u> | JUNGER 201 | 6, by and | betwe | een |
|-------------------------|---------------|------------------|------------------|-----------------|-----------|-------|-----|
| DAVIEL A | 1. ZWAIZT | | | | | | |
| hereinafter referred to | o as the CLIE | NT, and Jos | eph R. Ram | os, hereinafter | referred | to as | the |

- 1. The CLIENT has retained and does hereby retain and employ the ATTORNEY to act for and on behalf of CLIENT in connection with the representation of CLIENT in a Chapter 7 Bankruptcy petition to be filed on CLIENT's behalf.
- 2. In consideration of the services rendered and to be rendered by the ATTORNEY, the CLIENT agrees to pay to the ATTORNEY a reasonable ATTORNEY's fee and expenses calculated as follows:

| (a) | ATTORNEY's fee: | \$1015.00 940.00 |
|-----|-------------------------------|-------------------|
| (b) | Filing Fee: | \$ 335.00 |
| (c) | Required Counseling Sessions: | \$ 80.00 |
| | Total Fees and Costs: | \$1430.00 /3SS:00 |

- 3. CLIENT understands that his/her case shall not be filed and CLIENT shall not be protected by the Bankruptcy Code's automatic stay provisions until CLIENT has paid to ATTORNEY the entire sum of fees and costs mentioned above.
- 5. The fee is for payment and preparation of a Chapter 7 Bankruptcy Petition, including all of the required schedules and forms and representation at the CLIENT's Meeting of Creditors ("341 Meeting"), maintenance of the file and negotiation of reaffirmation agreements.

6. Fees Not Covered By This Agreement:

(a) Costs and Fees For Amending Schedules - CLIENT understands that it is the CLIENT's responsibility to include all debts on the schedules. The CLIENT further understands that any debts not included in said schedules may not be discharged in CLIENT bankruptcy. If CLIENT fails to provide ATTORNEY with all the information necessary to prepare the petition and schedules which later necessitates amendment to the schedules, CLIENT agrees to pay an additional fee of \$50.00 to cover fees and costs of any

amendment due to an error or omission on CLIENT's part. A separate fee will be charged for each additional amendment.

- (b) Adversary Proceedings In the event an Adversary Proceeding is filed against CLIENT, a retainer fee of \$1500.00 shall be required in order for ATTORNEY to represent CLIENT in any Adversary Proceedings. Representation in any Adversary Proceeding shall be billed on an hourly basis at the rate of \$175.00 per hour plus costs, and will require a separate agreement to be signed.
- 7. ATTORNEY agrees to accept employment by CLIENT in connection with the above matter on the basis above described and agrees to use his best efforts and perform all ethical services and acts which, in the judgement of ATTORNEY, are necessary and proper to enforce and protect the rights of CLIENT in connection with the above matter. ATTORNEY, however, cannot make and does not make any guarantee as to the result which will be obtained therein.
- 8. This contract is to be interpreted under the laws of the State of Illinois. If any provision of this contract is declared invalid, the remaining provisions of the contract shall not be affected thereby.

IN WITNESS WHEREOF the parties hereto have caused the above and foregoing ATTORNEY's Fee Contract to be executed the day and year first above written.

 $\mathbf{R}\mathbf{V}$

CLIENT

Joseph R. Ramos

United States Bankruptcy Court Northern District of Illinois

| In re | Daniel M. Zwart | | Case No. | |
|-------|--|--|-------------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VE | RIFICATION OF CREDITOR M | MATRIX | |
| | | Number of | f Creditors: | 32 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi | itors is true and | correct to the best of my |
| Date: | February 15, 2017 | /s/ Daniel M. Zwart Daniel M. Zwart | | |

Associate Pathologists of Joliet 330 N. Madison St. - Ste 200 Joliet, IL 60435

ATG Credit, LLC P.O. Box 14895 Chicago, IL 60614

Blitt & Gaines, P.C. 661 Glenn Ave. Wheeling, IL 60090

Capital Management Services, LP 698 1/2 South Ogden St. Buffalo, NY 14206

Capital One Bank c/o Blitt & Gaines PC 661 Glenn Ave. Wheeling, IL 60090

Capital One Bank USA 15000 Capital One Drive Richmond, VA 23238

Carmax Auto Finance 12800 Tuckahoe Creek Pkw Richmond, VA 23238

Cavalry Portfolio Services P.O. Box 27288
Tempe, AZ 85285-7288

Certified Services Inc. P.O. Box 177 Waukegan, IL 60079-0177

Chase Bank USA P.O. Box 15298 Wilmington, DE 19850

City of Aurora 44 E. Downer Pl Aurora, IL 60507 Contract Callers, Inc. P.O. Box 212489 Augusta, GA 30917-2489

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057-9000

Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057-9000

Credit Collection Services Two Wells Ave Newton Center, MA 02459

Creditors Collection Bureau P.O. Box 1022 Wixom, MI 48393-1022

Empact Emergency Physicians LLC P.O. Box 366 Hinsdale, IL 60522

Freedman Anselmo Lindgerg LLC 1807 W. Diehl Rd. - Ste 333 Naperville, IL 60566-7228

HSBC Carson P.O. Box 15524 Wilmington, DE 19850-5524

Jefferson Capital Systems 16 Mcleland Rd. Saint Cloud, MN 56303

Kane County Circuit Clerk P.O. Box 112 Geneva, IL 60134-0112

Kishwaukee Physician's Group P.O. Box 487 DeKalb, IL 60115-0487

Malcom S. Gerald & Assoc. 332 S. Michigan - Ste 600 Chicago, IL 60604

Midland Credit Management 8875 Aero Dr. San Diego, CA 92123

Morgan & Pottinger, P.S.C. 2410 Stanley Gault Pky Louisville, KY 40223

Morris Hospital Patient Accounts 150 West High Street Morris, IL 60450

NCO Financial Systems, Inc. P.O. Box 15630 Wilmington, DE 19850

One Advantage LLC 7650 Magna Drive Belleville, IL 62223

Ronald C. Putzler DDS 1940 W. Galena Blvd. - Ste 5 Aurora, IL 60506

Rush Copley Medical Center Patient Financial Services 2000 Ogden Ave. Aurora, IL 60507

State of Illinois Deparetment of Employment Security P.O. Box 4385 Chicago, IL 60680-4385